

City of Burbank Planning and Transportation Division SINGLE FAMILY RESIDENTIAL Permit Application

150 North Third Street Burbank, California 91502 www.burbankusa.com T: 818-238-5250 F: 818-238-5150

Project address:			
Assessor's parcel number(s):		Legal description:	
Lot size		ed restrictions that regulate the	
	property? Tyes		es, attach a copy.
Square footage of all structur	es on property except garage	Square footage of garage	
Existing	Proposed	Existing	Proposed
Application type			
☐ FAR increase from 0.40 to 0		Second dwelling unit permit	
Minor exception to setback r		Large family daycare home administrative use permit	
Accessory structure covenar		Special development permit	
Accessory structure permit (301 to 1,000 square feet or		Hillside development permit	
garage over 1,000 squ	are feet)	☐ Variance	
Project description: Please pro	ovide a detailed description of the	project and refer to plans where ap	ppropriate. Attach additional
sheets as necessary.			
Property owner name		Applicant name (if different from owner)	
Mailing address		Mailing address	
Telephone		Telephone	
Fax		Fax	
Email		Email	
I hereby certify that I am the legally authorized owner of the property involved in this application or have been empowered to sign as the owner on behalf of a corporation, partnership, or business as evidenced by the documents attached hereto. I hereby grant to the applicant of this form full power to sign all documents related to this application, including any conditions or mitigation measures as may be deemed necessary. I declare under penalty of perjury that the foregoing is true and correct.		I hereby certify that the information furnished in this application and the attached materials are true and correct to the best of my knowledge and belief. Further, should the stated information be found false or insufficient, I agree to revise the information as appropriate. I understand that the City of Burbank cannot process this application until all required information is provided. I understand there is no guarantee, expressed or implied, that any permit or application will be granted. I understand that each matter must be carefully investigated and the resulting recommendation or decision may be contrary to a position taken or implied in any preliminary discussions. I understand that I have the burden of proof in the matter arising under this application made by me. I declare under penalty of perjury that the foregoing is true and correct. Applicant Signature	
Property Owner Signature		Date	
Date If someone other than the app	alicant is the primary center!	Planning Division Use Only	
for this application, please lis		j	
Name		Filing Fee	Date Received
Relationship to project		Receipt No.	Received By
Address		☐ Plans ☐ Radius Map ☐ Labels	Date Complete
Telephone		Notes	
Fax			
Email		Application action (for FAR and	

	e applying to increase the maximum allowed floor area ratio from
0.40 to 0.45.	
Incentives provided	
Top plate height 20 feet or less	Additional 10-foot front second story setback
Roof pitch 6:12 or greater	Additional 5-foot side second story setback
Second story within pitched roof Side yard setbacks 2 feet greater than minimum	☐ Second story floor area 75% or less of first story floor area ☐ Hipped roof or gables do not face side yards
,	
MINOR EXCEPTION TO SETBACK REQUIREMENTS Complete this an exception to side yard setback requirements.	s section and attach a survey of your property if you are applying for
Setback exception requested for	Length of proposed addition along setback line
☐ Main dwelling	Longin of proposed addition along solution line
Detached garage/accessory structure	
Existing setback distance to be continued	Length of existing structure along setback line
•	
Purpose of extension (extension of existing room(s) or new room(s)?	
ACCESCORY CTRUCTURE COVENANT AND DERMIT Complete to	in and attack and attack and attack and a second attack and a seco
an accessory structure covenant or an accessory structure permit.	is section and attach a copy of your title report if you are applying for
Square footage of accessory structure (or garage if applicable)	Plumbing facilities
Square rootage or accessory structure (or garage if applicable)	bathroom sink
Description of the state of the	laundry or bar sink
Proposed use of structure (recreation, office, storage, etc.)	□ toilet
	shower (must include pool if shower is requested)
If accessory structure permit, you may attach additional sheets to disc	
SECOND DWELLING UNIT Complete this section and attach a copy permit.	or your title report if you are applying for a second dwelling unit
Square footage of second dwelling unit	Attached
equal of locating of coconia amoning and	☐ Detached
LARGE FAMILY DAY CARE HOME (ADMINISTRATIVE USE PERM	IIT) Complete this section if you are applying for an administrative
use permit to operate a large family day care home.	
Number of children you will be caring for	Age range of children
Number of children who reside in the home that are 10 years of age	
	Number of employees who do not reside in the home
or younger	Number of employees who do not reside in the home
or younger	
or younger Have you obtained a license from the State of California Department	of Social Services?
or younger Have you obtained a license from the State of California Department Yes (attach a copy of the license)	of Social Services? (attach a copy of your application if you have applied)
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